

# Demographic Reporting Form

## Individual – Quarterly Totals

Positive Alternatives

Emergency Pregnancy

Dates: 07/01/2017 - 09/30/2017

Grantee Name: Services of Minneapolis

Vendor#0000285535

### 1. Client Age Range:

Under 15	15-17	18-19	20-24	25-29	30-34	35+	Unknown age
0	1	1	17	16	9	8	14

### 2. Client Pregnancy Status:

1st Trimester	2nd Trimester	3rd Trimester	Post-partum	Pregnancy Status Unknown	Other (Father or Grandparent)
3	2	7	44	10	0

### 3. Client Marital Status:

Married	Not Married	Marital Status Unknown
5	35	26

### 4. Client Race:

Race: White	Race: African American	Race: African-American	Race: American Indian	Race: Asian Pacific	Race: Other/ Multi Race	Race: Unknown
7	38	0	2	1	7	11

### 5. Client Ethnicity:

Hispanic Ethnicity: Yes	Hispanic Ethnicity: No	Ethnicity: Unknown
0	20	45

### 6. Client Type – not tracked

Mother	Father	Grandparent	Other